

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047232

STATE FILE NUMBER
12768

FILED JAN 16 1959

Registration District No. 318

Primary Registration District No. 1003

Registrar No.

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 City Hospital		Length of stay in 1b 5 Wks	d. STREET ADDRESS (If outside, give location) 179 4062 Castleman, Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Robert Frank Chumley			4. DATE OF DEATH Month Day Year Dec. 31, 1958			
5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1879		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cooks Station, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Chumley		13b. MOTHER'S MAIDEN NAME Elizia Gramtham		14. NAME OF HUSBAND OR WIFE Nil.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Ross Chumley, Cooks Station, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia;</i> DUE TO (b) <i>Edema of Left Leg</i> DUE TO (c) <i>Fracture of right leg above the ankle (simple fracture)</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (If any, state conditions specified under heading "Other conditions" given in PART I (a))					INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. TIME OF INJURY 530 p.m. 11-22-58 November 22, 1958.				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year 530 p.m. 11-22-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Express Store		20e. CITY, TOWN, OR LOCATION - COUNTY STATE St. Louis Mo		
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 335 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Patrick F. Taylor, M.D.			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 1-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-1-59	23c. NAME OF CEMETERY OR CREMATORY Carr Cemetery		23d. LOCATION (City, town, or country) (State) Cooks Station, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. JAN 2 59		26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. (R.P.)		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. M. Bumble*
Licensed Embalmer No. *3653*
P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.